



LA SINDROME METABOLICA

DOTT. SALVATORE DI MEGLIO

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Pedro-Botet et al

Dovepress

Table I Criteria proposed by different international scientific societies for the diagnosis of the metabolic syndrome

Organization	AHA/NHLBI/updated NCEP-ATPIII, ³ 2005	IDF ⁴ (2005)	JIS ⁵ (2009)
Required criteria	≥3 of the following	Central obesity (defined by waist circumference according to ethnicity) plus ≥2 of the following	≥3 of the following
Fasting blood glucose	≥100 mg/dL	≥100 mg/dL	≥100 mg/dL
HDL cholesterol	<40 mg/dL (♂) <50 mg/dL (♀)	<40 mg/dL (♂) <50 mg/dL (♀)	<40 mg/dL (♂) <50 mg/dL (♀)
Triglycerides	≥150 mg/dL	≥150 mg/dL	≥150 mg/dL
Waist circumference	≥102 cm (♂) ≥88 cm (♀)	≥94 cm (♂) ≥80 cm (♀) (European population)	≥94 cm (♂) ≥80 cm (♀) (Mediterranean population)
Hypertension	≥130/85 mmHg or being treated	≥130/85 mmHg or being treated	≥130/85 mmHg or being treated

Abbreviations: AHA/NHLBI/NCEP-ATPIII, American Heart Association/National Heart, Lung, and Blood Institute/National Cholesterol Education Program–Adult Treatment Panel III; IDF, International Diabetes Federation; JIS, Joint Interim Statement of the International Diabetes Federation Task Force on Epidemiology and Prevention; National Heart, Lung, and Blood Institute; American Heart Association; World Heart Federation; International Atherosclerosis Society, and International Association for the Study of Obesity; HDL, high-density lipoproteins.

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**NON VIENE PRESO IN CONSIDERAZIONE IL PESO CORPOREO,
MA LA CIRCONFERENZA ADDOMINALE**

**PERTANTO LA SINDROME METABOLICA OLTRE CHE INTERESSARE PERSONE
IN GRAVE SOVRAPPESO OPPURE OBESE,
PUÒ COINVOLGERE ANCHE PERSONE NORMOPESO,
MA METABOLICAMENTE OBESE,
PERCHÉ HANNO UN LORO STATO DI INSULINO-RESISTENZA**

IL 35% DELLE PERSONE ADULTE HA LA SINDROME METABOLICA,

**CAUSATA DALL'ECCESSO DI GRASSO ADDOMINALE
E
SCATENATA DA ELEVATI LIVELLI DI INSULINA E
DALLA RESISTENZA ALL'INSULINA**

DA PARTE DELL'ORGANISMO UMANO

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Altered Risk for Cardiovascular Events With Changes in the Metabolic Syndrome Status: A Nationwide Population-Based Study of Approximately 10 Million Persons

Sehoon Park, MD; Soojin Lee, MD; Yaerim Kim, MD, PhD; Yeonhee Lee, MD; Min Woo Kang, MD; Kyungdo Han, PhD; Seung Seok Han, MD, PhD; Hajeong Lee, MD, PhD; Jung Pyo Lee, MD, PhD; Kwon Wook Joo, MD, PhD; Chun Soo Lim, MD, PhD; Yon Su Kim, MD, PhD; Dong Ki Kim, MD, PhD

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Population-scale evidence for the association between dynamic changes in metabolic syndrome (MetS) status and alterations in the risk for major adverse cardiovascular events (MACE) is lacking

A total of 27.161.051 persons who received national health screenings from 2009 to 2014 were screened

Recovery from MetS was significantly associated with decreased risk for MACE, whereas development of MetS was associated with increased risk

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LA TERAPIA NUTRIZIONALE

TRE PASTI GIORNALIERI

**DIVIETO ASSOLUTO DI INGESTIONE
DI ZUCCHERO E DI DOLCIFICANTI**

**EQUILIBRATO APPORTO IN OGNI PASTO
DI FIBRE, AMIDI INTEGRALI, PROTEINE E LIPIDI**

**DISTRIBUZIONE DECRESCENTE DEI NUTRIENTI
DALLA COLAZIONE ALLA CENA**

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LA SINDROME METABOLICA

LA NUTRACEUTICA

ANDROHELP capsule

**ANTINFIAMMATORIO ED
ANTIOSSIDANTE**

**MIGLIORAMENTO DEL
METABOLISMO GLICEMICO
E DELL'INSULINORESISTENZA**

AZIONE IPOLIPEMIZZANTE

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